

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

| | | | | | |
|---|--|---------------------------|--|-----------------------------------|---|
| NAME OF FILER Service Employees International Union, United Healthcare Workers West (Nonprofit 501(c)(5)) - Californians for Kidney Dialysis Patient Protection and Californians Care | | | Date of This Filing 06/01/2018 | Date Stamp Page 1 of 2 | CALIFORNIA FORM 497 For Official Use Only |
| AREA CODE/PHONE NUMBER (510)251-1250 | I.D. NUMBER (if applicable) 1373047 | Report No. 060118C | | | |
| STREET ADDRESS | | | | | |
| CITY Oakland | STATE CA | ZIP CODE 94612 | <input type="checkbox"/> Amendment to Report No. _____ (explain below) | | |
| | | | No. of Pages 2 | | |

Late Contribution(s) Received

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED |
|---------------|--|--|---|-----------------|
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | |

*Contributor Codes

IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other

PTY - Political Party
 SCC - Small Contributor Committee

Reason for Amendment:

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| STREET ADDRESS | | | <input type="checkbox"/> Amendment to Report No. _____ (explain below) | | |
| CITY Oakland | STATE CA | ZIP CODE 94612 | No. of Pages 2 | | |

Late Contribution(s) Made

| DATE MADE | FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION | AMOUNT OF CONTRIBUTION | DATE OF ELECTION (IF APPLICABLE) |
|------------|---|--|------------------------|-------------------------------------|
| 05/29/2018 | Californians Care, Sponsored by Service Employees International Union ? United Healthcare Workers West Los Angeles, CA 90017-5864 ID# 1402296 | Increases Funding for Hospitals, Clinics, and Primary Care Providers Serving Low-Income Patients by Increasing Tax on Personal Income over \$1 Million. Initiative Constitutional Amendment. (17-0047) Statewide | \$267,351.00 | |
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Reason for Amendment: